

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

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FAIR POLITICAL
PRACTICES COMMISSION
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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Belshe	S.	Kimberly	(916) 654-3724	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1600 Ninth Street, Room 460		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	
			(916) 654-3343	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Health and Human Services Agency

Division, Board, District, if applicable:

Your Position:

Agency Secretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 5

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 27, 2008
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

> NAME OF BUSINESS ENTITY

American Express

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial Services Company

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/07 ACQUIRED ____/____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Legg Mason Capital & Income Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

____/____/07 ACQUIRED ____/____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Ericsson Wireless Communication

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Technology

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/07 ACQUIRED ____/____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Technology

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

____/____/07 ACQUIRED ____/____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Legg Mason Fundamental Value Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

____/____/07 ACQUIRED ____/____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Legg Mason Aggressive Growth Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

____/____/07 ACQUIRED ____/____/07 DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

> NAME OF BUSINESS ENTITY

Ameriprise

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Financial Services Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:

_____/_____/07 ACQUIRED _____/_____/07 DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:

_____/_____/07 ACQUIRED _____/_____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Legg Mason Opportunity Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Open-ended Mutual Fund

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock
☒ Other Mutual Fund
(Describe)

IF APPLICABLE, LIST DATE:

_____/_____/07 ACQUIRED _____/_____/07 DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:

_____/_____/07 ACQUIRED _____/_____/07 DISPOSED

> NAME OF BUSINESS ENTITY

Washington Federal Savings & Loan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Savings & Loan

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:

_____/_____/07 ACQUIRED _____/_____/07 DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:

_____/_____/07 ACQUIRED _____/_____/07 DISPOSED

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

> NAME OF SOURCE

New California Media

ADDRESS

275 9th Street San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/19/07	\$ 50.00	Floral Arrangement
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments:

OFFICE, AGENCY OR COURT

1. Children and Families Commission (aka) Prop 10 Commission ex-officio Member
2. County Medical Services Program (CSP) Government Board, Member
3. Food Biotechnology Task Force, Member
4. Managed Risk Medical Insurance Board (MRMIB), ex-officio Member
5. Rural Policy Task Force, Member
6. State Council on Developmental Disabilities, Member
7. State Mental Health Planning Council, Member
8. California Workforce Investment Board, Member
9. Technology Services Board (TSB), Member
10. California Partnership for the San Joaquin Valley, Member